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ABSTRACT

The most common psychological disorder found in the elderly is depression. To investigate the relationship between numerous age-related stresses and depression in older adults, 68 residents of a retirement center completed a questionnaire assessing depression and a wide range of possible losses or stresses. Depression was related to poorer financial status, fewer and less satisfying interpersonal relationships, and poorer physical health. For women, greater concerns about death were related to depression; poorer physical health and lack of involvement in activities were related to depression for men. The findings suggest that depressive experiences differ considerably for males and females. (Author/JAC)

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Correlates of Depression in the Elderly: Sex Differences and Similarities

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Running head: Correlates of Depression in the Elderly

Correlates of Depression in the Elderly: Sex Differences and Similarities

The most common psychological disorder found in the elderly is depression (Salzman & Shader, 1976; Epstein, 1976). Dovenmuehle, Reckless and Newman (1970) reported that 38 percent of the community subjects they studied were either experiencing some degree of depression at the time of the interview or had recently experienced depression. Pfieffer and Busse (1973) found that 65 percent of their sample of older adults (60+) had significant depressive symptoms. Although the prevalence figures for diagnosed depressions are considerably lower, depression clearly remains the most frequently occurring psychological disorder for this age group.

There is also evidence that the elderly may be the highest risk age group for depression. Gurland (1976) reviewed numerous studies dealing with the frequency of depression in various adult age groups and concluded that depressive symptomatology is found most frequently in those over 65. However, he also found that depressive disorders, as diagnosed by psychiatrists, are most common between the ages of 25 and 65. This apparent contradiction is often thought to be due to the use of depression scales that not only measure symptoms

such as pessimism, guilt and social withdrawal, but also symptoms such as insomnia, fatigability and loss of appetite which could actually be indications of physical problems associated with aging (Zemore & Eames, 1979; Linn, Hunter & Harris, 1980). On the other hand, many researchers and clinicians believe that depression is indeed more common among the elderly and that prevalence figures based on diagnosed depressive disorders greatly underestimate the true frequency of depression. Gurland (1976), Epstein (1976) and Fassler and Gavira (1978) report that many cases of depression in the elderly are not diagnosed as such because older individuals are likely to admit only to the somatic symptoms of depression and not to depression per se. Therefore, it is rather difficult to ascertain the true prevalance of depression in the elderly and its frequency relative to other age groups.

However, it is not difficult at all to identify many age-related stresses which could contribute to psychogenic depressions in the elderly and could possibly account for much of the depressive symptomatology found in this age group. Gerner (1979) and Zung (1980), in major review articles on depression in the elderly, emphasize the multiple losses

older persons are likely to encounter. Zung notes that this age group is more likely to suffer loss of family members, friends, health, physical attractiveness, job, income, status, mobility and valued personal possessions. Gerner also mentions many of these losses, but emphasizes the loss of role which occurs when older individuals must give up careers or major responsibilities due to retirement or poor health. Additionally, they are often faced with a significant loss of power and influence, both in the community and within their families. As Seligman (1975) points out, the elderly are more susceptible than other age groups to loss of power and the resulting sense of helplessness. Finally, older adults are confronted more frequently than other age groups with reminders of their own mortality.

In spite of the frequent mention of these age-related losses and stresses that are thought to be associated with depression in the elderly, few studies have actually investigated the relationship between these variables and depression. Furthermore, most of these studies have not attempted to determine if these losses and stresses are related to depression for both men and women. Research with other age groups has shown not only that there is a higher

incidence of depression in women (Weissman & Klerman, 1977), but also that the actual depressive experience differs for males and females (Chevron, Quinlan, & Blatt, 1978; Hammen & Padesky, 1977). Therefore, the present study was designed to determine the degree of relationship between depression and a wide range of age-related losses and stresses, with special attention given to differences and similarities between males and females.

Method

Subjects. Sixty-eight residents of a retirement center in central Florida participated in the study (47 females and 21 males). The average age of this sample was 80 years, with ages ranging from 63 to 94. All subjects were white. Forty-three percent were married at the time of the study, 38 percent were widowed and 19 percent had never been married.

Measures. All subjects were asked to complete a "Life Satisfaction Survey." This questionnaire included a modified version of the Self-Rating Depression Scale (Zung, 1965), 20 items constructed to measure differences on physical, psychological and social losses and stresses hypothesized to be related to depression in the elderly, and seven items assessing specific symptoms generally associated with

depression. Most items allowed for a five-point range of responses, with the extremes anchored by phrases such as: highly satisfied - highly dissatisfied, extremely active - totally inactive, or always - never.

Results

Correlation coefficients were computed and are presented in Table 1. Statistically significant relationships were found between self-reported depression and 18 of the 20 variables hypothesized to be related to depression. However, it should be noted that only five of these variables were found to be related to depression for both men and women.

Insert Table 1 about here

Depression was negatively correlated with financial well-being for women, but not for men. Depressed women were more likely to report a poorer financial status ($r = -.29$, $p < .05$) and less satisfaction with their current financial status ($r = -.36$, $p < .01$).

Several measures of interpersonal relations were found to be related to depression, especially for women. Female subjects who reported high levels of depression were more

likely to spend more time alone ($r = .36$, $p < .01$), to have more frequent feelings of loneliness ($r = .51$, $p < .01$) and to feel that they did not have enough physical contact with others ($r = .49$, $p < .01$). There was also a significant correlation between depression and the number of friends seen per week for both males ($r = -.48$, $p < .05$) and females ($r = -.35$, $p < .01$).

Depression was related to several measures of activity and social involvement. For men there were significant negative correlations between depression and both the amount of time spent walking ($r = -.48$, $p < .05$) and the degree of participation in organized activities ($r = -.41$, $p < .05$). A statistically significant relationship between depression and degree of religious activity was found for both males ($r = -.38$, $p < .05$) and females ($r = -.49$, $p < .01$). However, depression was not correlated with participation in leisure time activities for either men or women.

A wide range of measures of physical health were found to be correlated with depression. For men depression was related to the frequency of pain reported ($r = .44$, $p < .05$), the degree of limitation due to pain ($r = .63$, $p < .01$), the ability to care for oneself ($r = -.49$, $p < .05$), the degree of

reliance on others (r= .55, p<.01), the number of days spent in the hospital during the past year (r= .46, p<.05), and the number of visits to the physician during the past year (r= .57, p<.01). For women depression was found to be correlated with the frequency of pain reported (r= .49, p<.01), the degree of limitation due to pain (r= .49, p<.01), the inability to care for oneself (r= -.39, p<.01), and the use of medication to control pain (r= .36, p<.01). Self ratings of physical appearance were not related to depression for either men or women.

Concerns about death were found to be correlated with depression for women only. There was a significant relationship between depression and both the frequency of thoughts about death (r= .34, p<.01) and the degree of anxiety felt about death (r= .48, p<.01).

Finally, subjects' scores on the Self-Rating Depression Scale were correlated with several specific symptoms frequently found in depressive disorders. Again, correlations differed considerably for men and women. For females there were significant correlations between depression and feeling life is not worth living (r= .60, p<.01), perceived control over life events (r= -.37, p<.01), sleep being interrupted

by unwanted thoughts, worries or nightmares ($r = .52$, $p < .01$), and a pessimistic view of the future ($r = .43$, $p < .01$). For males there were significant correlations between depression and both the frequency of night awakenings ($r = .59$, $p < .01$) and satisfaction with earlier life stages ($r = -.47$, $p < .01$). Depression was negatively correlated with the enjoyableness of eating for both men ($r = -.59$, $p < .01$) and women ($r = -.58$, $p < .01$).

Discussion

The results of the present study indicate that depression in the elderly is correlated with many of the age-related losses and stresses so often mentioned as contributing factors (Zung, 1980; Gerner, 1979). Depression was found to be related to poorer financial status, lower levels of activity and social involvement, fewer and less satisfying interpersonal relationships, poorer physical health, and greater concerns about death. However, it is important to note that most of these variables were not correlated with depression for both men and women. Of the 18 statistically significant correlations between depression and the various losses and stresses, only five were found to exist for both men and women. It was far more common for a specific

age-related variable to be correlated with depression for one sex but not the other. Additionally, sex differences were found for the relationship between overall level of depression and specific symptoms generally associated with depression. Of the seven symptoms related to depression, only one was correlated for both men and women.

Although the overall results of this investigation provide support for the hypothesized relationship between depression and a wide range of physical, psychological, and social variables, the findings also suggest that depressive experiences differ considerably for males and females. It appears that there are significant sex differences either in what constitutes stress or in the way in which elderly men and women respond to stress. Financial problems, lack of relationships and concerns about death seem to be important factors for women but not for men, while lack of involvement in activities appears to be more important for men. Only poor physical health was related to depression for both men and women, and even here there were some sex differences. However, one must be cautious when interpreting and generalizing from these results due to the size of the sample and the correlative

nature of the study. Further research will be required to clarify the nature of the relationship between these variables and depression.

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Footnotes

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Table 1

Correlations between Depression Scores and Selected Age-Related Losses and Stresses

Variable	Males N = 21	Females N = 47
Current financial status	-.18	-.29*
Satisfaction with current financial status	-.09	-.36**
Time alone	.25	.36**
Frequency of feeling lonely	.30	.51**
Lack of physical contact	.25	.49**
Friends seen per week	-.48*	-.35**
Time per day spent walking	-.48*	-.19
Organized activities	-.41*	-.15
Religious activities	-.38*	-.49**
Leisure time activities	-.29	-.23
Frequency of pain	.44*	.49**
Degree of limitation due to pain	.63**	.49**
Ability to take care of self	-.49*	-.39**
Reliance on others	.55**	.17
Hospitalizations	.46*	.15

Table 1 (continued)

Visits to physician	.57**	.15
Use of medication to control pain	.31	.36**
Physical appearance	.24	-.20
Frequency of thoughts about death	.14	.34**
Anxiety about death	.12	.48**
Feeling that life is not worth living	.23	.60**
Degree of control over life events	.01	-.37**
Sleep interrupted by unwanted thoughts, worries or nightmares	.08	.52**
Frequency of night awakenings	.59**	.18
Satisfaction with previous life stages	-.47*	-.22
Pessimistic about the future	.20	.43**
Enjoyableness of eating	-.59**	-.58**

* p .05

** p .01